



City of Elmhurst
Taxi Operator Permit Application
 Subject to Background Check

Fee: \$ 75

<u>Office Use Only</u>	
Date :	_____
Revd By:	_____
Approved:	_____
Issued:	_____

1. Complete Name: First, Middle, Last – In Full				
2. Alias – Nickname/Maiden Name		3. Social Security #		4. Phone (Work/Home)
				(W) _____ (H) _____
5. Current Address				
6. List all residences for the past seven (7) years from present:				
From	To	Street & Number	City	State
7. Date of Birth			8. Place of Birth	
9. Height	10. Weight	11. Eye Color	12. Hair Color	13. Marital Status
14. Company Name			15. Supervisor	
16. Driver's License Number		17. State	18. Class	19. Restrictions
20. Expiration Date				
21. Has your license ever been suspended or revoked: Yes No				
If Yes, Explain: _____				

22. ARREST – DETENTION – LITIGATION - Show all arrests including criminal and traffic

Have you ever been arrested or detained by a Law Enforcement Agency? Yes No

Have you ever been involved in any court action, civil or criminal? (Include all traffic – felony – misdemeanor – in this state or elsewhere) _____

Have you ever been fingerprinted for any reason? (Arrest – applicant – service – other) Yes No

If any answer to the above is YES, list date, place and full details: _____

23. Attach copy of driver’s license

24. Attach a copy of Secretary of State Driving Abstract

25. Attach license application fee of \$ 75.00

The **Elmhurst Taxi Program** allows Elmhurst disabled and senior residents 65+ to travel anywhere within the City limits for \$1.40 each way. **As a licensed taxi operator in the City of Elmhurst, you are required to transport eligible residents with a valid transportation card within the City limits for \$1.40.** When two or more residents with valid transportation cards travel together, the total cost will be \$1.40. Transportation travel logs are available from your parent company. Failure to comply with said ordinance may result in suspension of your license.

I understand and will abide by the City of Elmhurst Taxi Program _____
Initial

The City of Elmhurst requires all taxi operators be able to read, write and speak fluent English.

I certify that I can read, write and speak fluent English _____
Initial

Authorization to Release Records

I hereby consent and authorize the City of Elmhurst and any of its agents, including Aurico Reports Inc. to secure information pertaining to my character and background. I understand that the information supplied by me can be utilized in conducting a background investigation which may include, but not be limited to, a consumer credit report, criminal history search, driving record history, worker’s compensation report, education/degree verification and verification of any information provided on application form. I release from liability all persons, companies and corporations supplying information as a result of this investigation. I further release and indemnify the above named and Aurico Reports Inc., against liability that might result from conducting these investigations.

Signature of Applicant

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

City Of Elmhurst ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the consumer report" and/or "investigative consumer report" will be will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature: _____ **Date:** _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York and Maine applicants, volunteers, contractors or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
New York applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants, volunteers, contractors or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
Washington State applicants, volunteers, contractors or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
California applicants, volunteers, contractors or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Signature: _____ Date: _____

BACKGROUND INVESTIGATION

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name: Middle Name: Last Name:

Maiden Name: Date Changed:

Other last names used: Date Changed:

Other last names used: Date Changed:

Other last names used: Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					
4:					

Present Phone Number (with area code): Social Security Number:

Date of Birth* (MM/DD/YYYY):

Driver's License Number: Driver's License State:

*This information will be used for background screening purposes only and will not be used as hiring criteria.